

Editorial

Sound Bites, Socrates, and Science

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Socrates: "Then right opinion implies the perception of differences?"

Theaetetus: "Clearly."¹

In this issue, Mertens et al² present the results of surveillance for wound infections in The Netherlands and Belgium. Efforts were made in 1991 to standardize infection control definitions and surveillance methods between the two countries. However, as the authors point out astutely, several differences in surveillance methodology remained. The differences in infection rates between Belgium and The Netherlands are explained at least partially by these differences in methodology.

The number of wound infections in the study is small (a total of 16 infections), but the message is powerful. How easy it would have been to turn this article into a discussion of how one country was "better" than another. Dr. Mertens avoided this trap, choosing instead to use the data to gain a better understanding of the state of infection control in both countries. In doing so, he has provided insights that can lead to improvements in the surveillance system and has highlighted areas that merit further study.

The authors discuss the biases caused by differences between the two countries regarding length of postoperative hospital stay, the intensity of postdischarge surveillance, and the assignation of wound class. The nonrandom sampling design and the low participation rate are factors that introduce a substantial potential for bias.

Interestingly, there was a significant difference in the use of antimicrobial prophylaxis before surgery (4% of cases in The Netherlands versus 42% of cases in Belgium). Because of the many potentials for bias that are highlighted by the authors, it is impossible to state definitively that more widespread use of prophylaxis in The Netherlands would have resulted in a lower

wound infection rate. In fact, the surgical wound infection rate was similar in patients who did receive prophylaxis and those who did not. However, the number of infections was small; this is an area that deserves further study.

The broader issue at stake is how infection data are presented and used. Certainly, the principal objective of infection control is to improve patient outcomes by reducing nosocomial infections. However, secondary goals may arise that are of more questionable merit. This is especially true in recent years. Administrators are under pressure to "prove" that their hospitals offer higher "quality" care than their competitors. Regulators and third-party payers have joined the fray, often styling themselves as the voice of the people, demanding better care for their constituents and beneficiaries. Healthcare reform is being driven by the words *quality* and *money* (not necessarily in that order).

In this maelstrom of mediocrity, infection control must remain firmly rooted in its mission and its science, to avoid falling victim to the uninitiated who desire to reduce global concepts to small sound bites. Plato would not have approved (Socrates: "Now, by the uninitiated I mean the people who believe in nothing but what they can grasp in their hands..."³). Theaetetus: "Yes, indeed, Socrates, they are very hard and impenetrable mortals..."³). The uninitiated have attempted to reduce the concept of "quality" to that of "report card," causing hospitals to be compared with each other on the basis of data that sometimes are unreliable or unimportant. Report cards are not capable of measuring the dimensions of quality and certainly are not a substitute for scientific investigations aimed at improving patient outcome.

Mertens et al highlight the importance of critical thinking in infection control. Amid the clamor for

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simple measures of quality, we must not lose sight of our goals and our science.

REFERENCES

1. Theaetetus. In: Edman I, ed. *The Works of Plato*. The Modern Library. New York, NY: Random House Inc; 1956:575.
2. Met-tens R, Van den Berg JM, Veerman-Brenzikofer MLV, Kurz X, Jans B, Klazinga N. International comparison of results of infection surveillance: The Netherlands versus Belgium. *Infect Control Hosp Epidemiol* 1994;15:573-579.
3. Theaetetus. In: Edman I, ed. *The Works of Plato*. The Modern Library. New York, NY: Random House Inc; 1956:499.

Abstracts for the 1995 International AIDS Conference on CD-ROM

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For the first time, the conference abstracts of the 10th International Conference on AIDS (acquired immunodeficiency syndrome) held in Yokohama, Japan, August 7-12, 1994, will be available on CD-ROM. Topics will include AIDS treatments and pharmaceutical com-

pany results, TB, blood safety, infection control and hospital issues, epidemiology, drug resistance, vaccines, AIDS related cancers, government issues, and university research. To order the abstracts on CD-ROM from C.W. Henderson publishers, call (800) 633-4931; or E-mail to info@hendersonnet.atl.ga.us on Internet.

The University of California, Los

Angeles, AIDS Institute sponsored an AIDS symposium on "Treatment of HIV Disease: Advances and Future Challenges," August 12, 1994, in conjunction with the 10th International Conference on AIDS. Complimentary proceedings and video cassettes of the symposium will be available in the fall.

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